



Objectives

- Explain team based health care vs. patient centered health care
- Identify opportunities made available to ATs in today's healthcare market
- Explain initiatives/strategies identified by Healthcare Reform Workgroup
- Define ROI, and identify tools to demonstrate ROI in an AT's practice
- Integrate advocacy and value strategies into an AT's practice, including patient outcome surveys

Conflict of Interest

No Conflicts

- The views expressed in these slides and in today's discussion are mine alone
- My view may not be the same as the views of my company, clients, or colleagues
- I have no financial interests or conflicts in regard to the information provided
- Participants must use discretion when using the information contained in this presentation





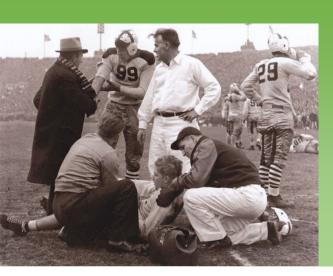
Then and Now

History

- Behind the scenes
- Support/Athletics Staff
- Little to no recognition
- Educational Apprentice

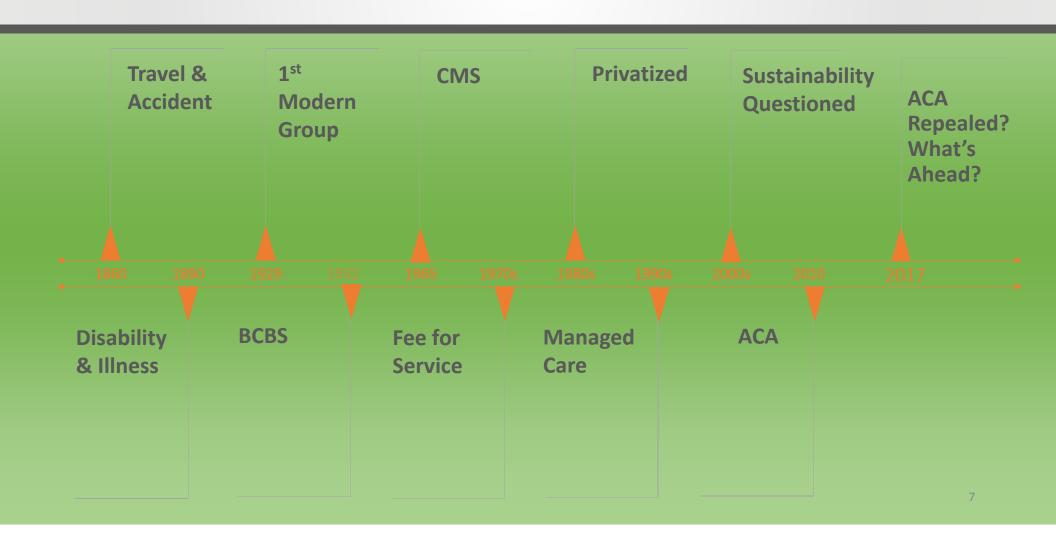
Today

- Multiple Settings
- Health Care Provider
- Medical Model
- Education Reform

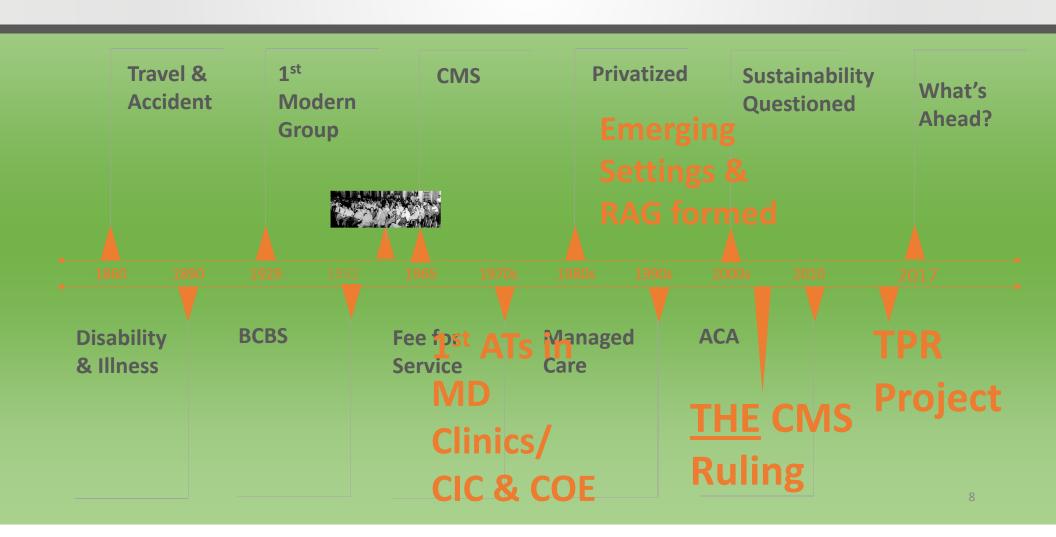




Healthcare



ATs in Healthcare



What happened?

- 2002—CMS approved a policy restricting PM&R to PTs, OTs, and SLPs
- CMS Lawsuit
- Legislative Fix
- Regulatory activity



Good News/Bad News

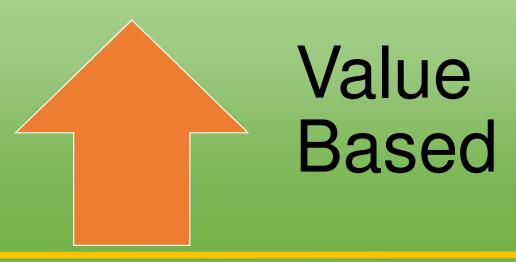
Bad

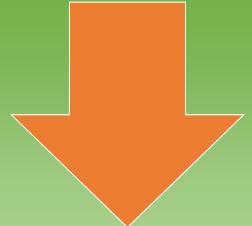
Legislative Fix
Difficult



Good

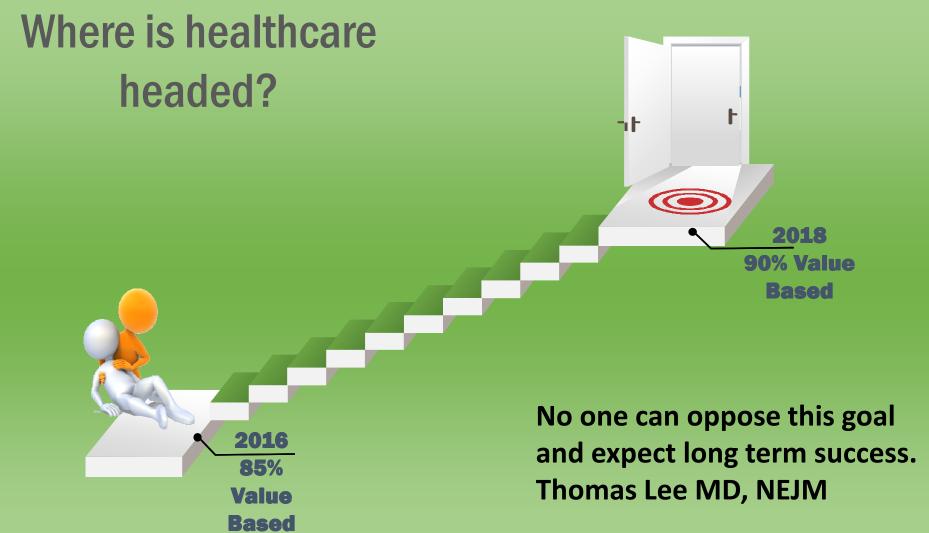
Only applies to fee for service





Fee for Service





Quadruple Aim

- Improve Health
- Improving patient experience
 - Quality
 - Safety
- Decrease Costs
- Care OF the provider







Healthcare, Fiscal, And Tax JUL 21, 2014 ID 12:01 AM 14,705 VIEWS

The Apothecary

Where Is The Value Health Care?



Yevgenly Feyman, Contributor

It seems that everywhere you look "val based purchasing" (or value-based car hailed as the savior of U.S. health care it, comes the promise of a system that for quality rather than volume. Follow money tells the same story - cloud-ba KHR giant Athena Health, for instance beat Q2 revenue estimates by about \$: million, and saw revenue up nearly 27 percent from the same period last year broadly, hospitals appear to be investiheavily in tracking the value of the car deliver: a Leap Frog Group survey not the number of hospitals using comput physician order entry has increased for percent in 2009 to 43 percent in 2013.

If nothing else, however, the prospect value-based care is an appealing mess After all, for decades, American health

Getting Real About Value by David Blumenthal and Kristof Stremikis

Words can spearhead social transformation. Let's hope that other mantras - such as quality or managed care - have fails stakeholders, value may have a chance.

What seems special about the term is that, seemingly simpl Under its umbrella, a wide range of interested parties can fr improved patient outcomes to coordination of care to efficiintuitively appealing. As Thomas Lee noted in the New Engi oppose this goal and expect long-term success."

The question, of course, is whether the term will help spur care sector so desperately needs. In this regard, a closer exaits appeal but also exposes the daunting challenges facing h

Michael Porter has defined value as "health outcomes achie introductory microeconomics will hear echoes in this phras

efficiency; output per unit of input. An efficient business gets me most output possinie, given current technology, from every dollar spent.

Have to really measure the value in health ears - MedCity Mass Walmart :: See What's in Store How to really measure the value in health ca

By VIVIAN 5, LEE M.B.A., M.D., PH.D.

Nearly two years ago, we e

moment in our history wh

rankings affirmed that we

for change. Then, the Affor

direction we thought made

fundamentals—the continu

efficiency, cost, and effecti

Peter Drucker once said, "

was. The School of Medici:

measure outcomes, we not

meeting of folks in finance

others. The goal? To create

providers to view their cur

arena of outcomes and cos

true costs, not charges, for

The Meaning of "Value" Health Care

By PAUL KECKLY

There are terms in healthcare circles that get the around as if there's a common and widely accept definition.

Consider "quality:" every hospital touts its qualievery physician confidently affirms their deliver high quality care, and every trade and profession sector in healthcare has its own definition that a with attributes of quality they deem most impor-"Quality" is touted on every website and in every boardroom, but rarely is it defined and measure

"Outcomes" is another. Most ascribe positive ou the indicators on which they're based and the tir captured-days, weeks, months, or years-varies reliable measures are ephemeral; process measu because they're easier for regulators, policymake "advising a patient to stop smoking or lose weigl with the actual outcome.

Value in health care: Time to stop scratching the surface

Anupam B. Jena, Tomas J. Philipson April 7, 2016 4:41 pm | Forbes

"Paying for value" has become a ubiquitous saving in healthcare. The federal government now financially Incentivizes (http://www.nejm.org/doi/full/10.1056/NEMp15004457query=featured_home&i hospitals to deliver "high-value" care through a series of programs including the hospital value-based purchasing program. By the end of 2018, half of all Medicare fee-for-service payments to physicians will be tied to quality or value (http://www.forbes.com/sites/bruce|ansen/2015/01/26/medicares-bolt-from-fee-forservice-means-50-percent-value-based-psy-by-2016/#e2caa6376ab0). But perhaps no other sector than pharmaceuticals has had as much scrutiny in trying to quantify value. We argue that our current notions of how drugs should be valued fall woefully short.

White in health care: Time to etcp ecretching the curitors



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content/uploads/2016/04/value health Care pharmaceuticals doctor hospital medicare 2020_500x2

Twenty20 License ("https://www.twenty20.com/)

The rising costs of specialty drugs - which accounted for 4% of all health care spending in 2014 - have jed many observers of the pharmaceutical industry to question the value that new drugs provide and the impact on health care budgets (or 'budget impact,' as the terminology goes). With these drugs affecting potentially large markets - e.g., PCSK-9 inhibitors for high cholesterol and new medications for hepatiti

"Cost" is a third example of these elusive but widely used terms. It seems simple enough, but not so fast. When used by some, it's inclusive of only direct costs that can be easily captured in the supply chain, like parts, drugs, disposables; or things easy to count, like length of stay, prescriptions or the number of calls run through a call center. But "costs" get tricky when corporate overhead, R&D and

Top Ten Healthcare Issues in 2017 Adapt for Value

- 1. Under a new administration, the fate of the ACA remains unclear
- 2. Pharma's new strategic partner? Patients
- 3. Easing the training wheels off value-based payment
- 4. Insert your card here for healthcare

Innovate for Value

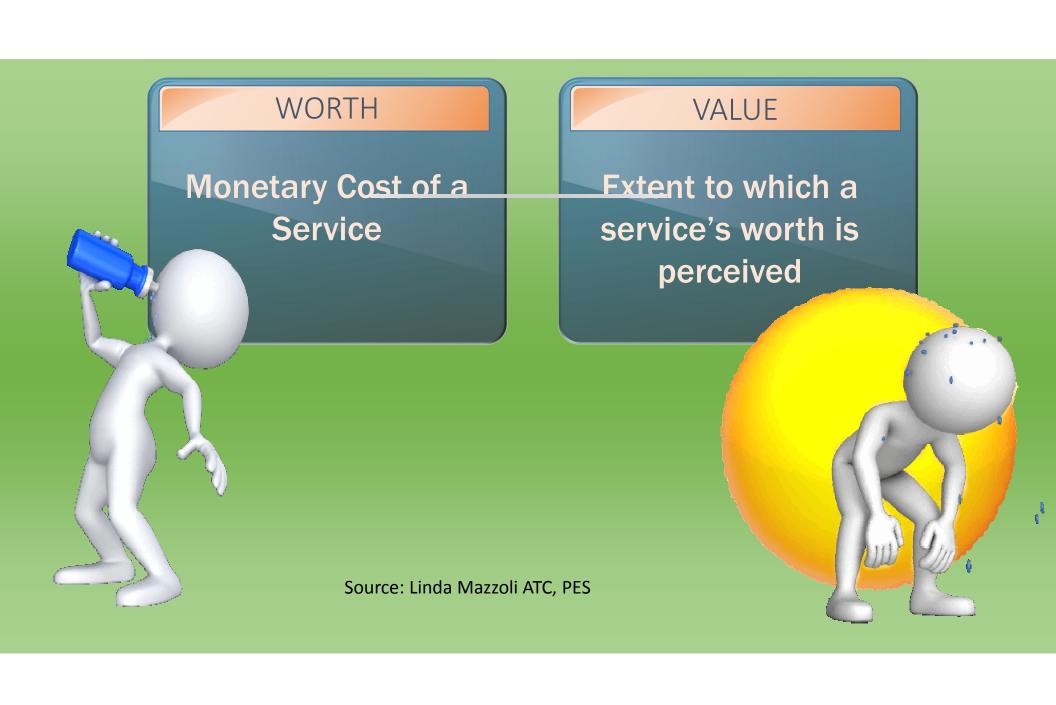
- 5. Paging Dr. Drone: It's time to prepare for emerging technologies
- 6. The battle against infectious diseases sparks invention
- 7. Rx cauliflower: Nutrition moves to population health



Building for Value

- 8. Putting the brakes gently on drug prices
- 9. A year of new partnerships and collaborations
- 10. Preparing medical students for work in a value-based world

PwC Health Resource Institute





THE VALUE EQUATION RECONSIDERED FOR HEALTH CARE

Value =

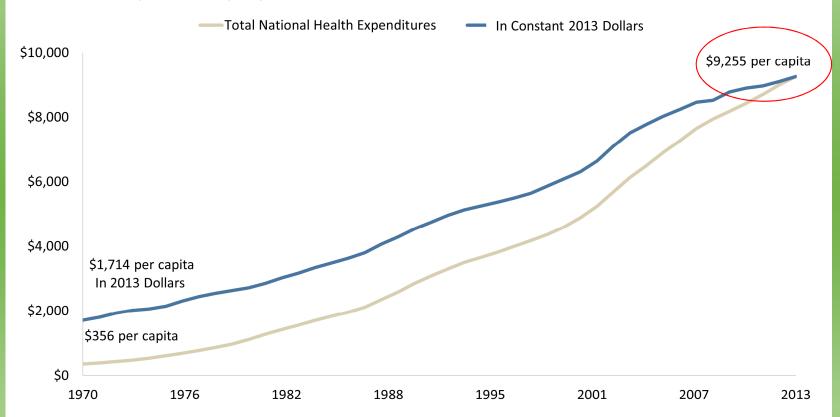
Quality* Payment**

*Patient outcomes + safety + experiences

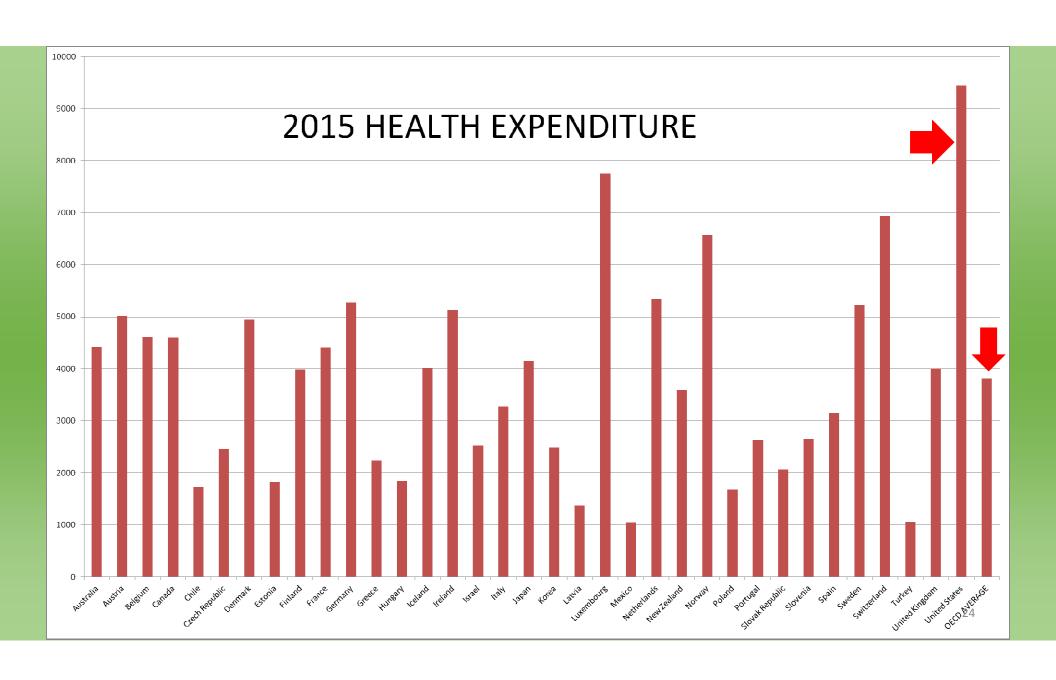
** Cost to all purchasers & providers

On a per capita basis, health spending has grown substantially

Total national health expenditures, US \$ per capita, 1970-2013

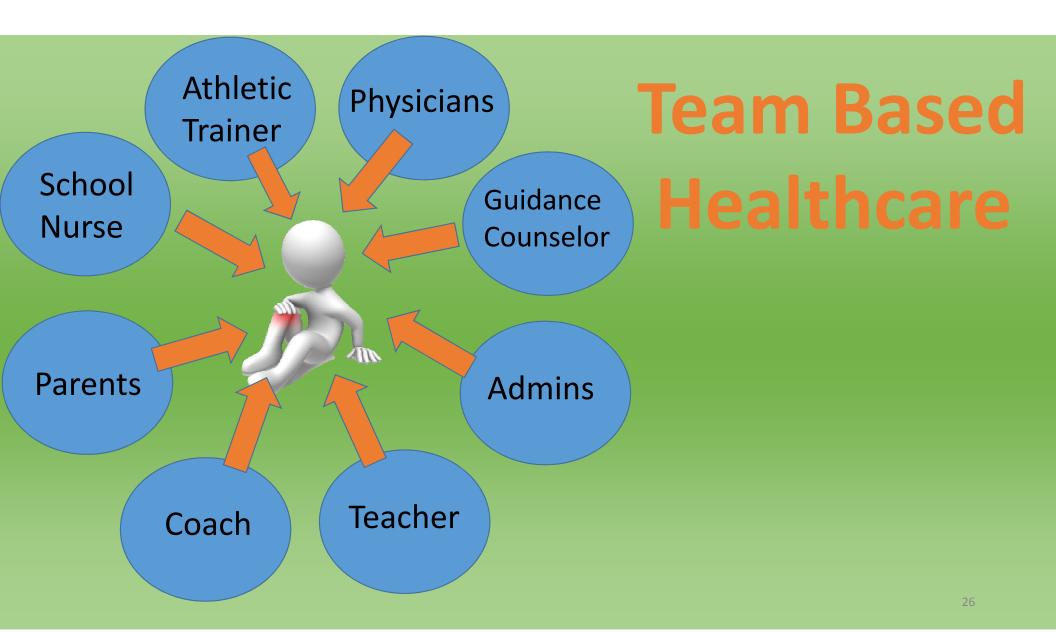


Source: National Health Expenditure (NHE) data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group



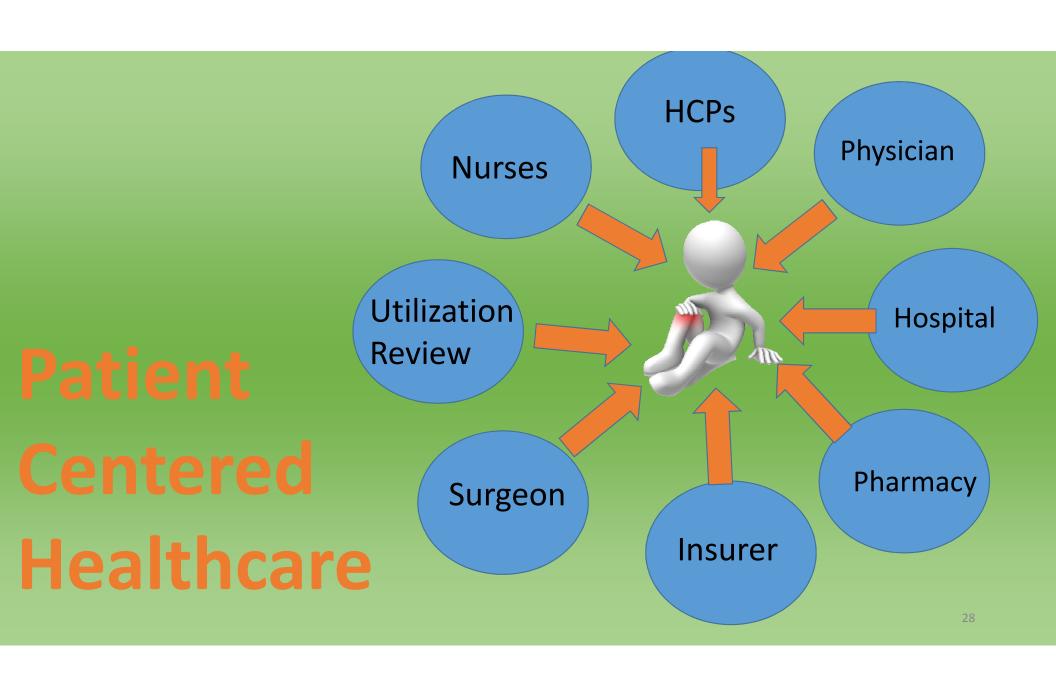
Trends

- More Physician owned hospitals
- #1 revenue generator for hospitals—orthopedic surgeons
- #1 orthopedic procedure—joint replacements
- More US citizens insured



"Team-based health care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care."

Institute of Medicine of the National Academies





Demonstrating Your Value

- Data Collection
 - Patients seen
 - Hours worked
 - Treatments provided
- ROI--\$\$\$
- Value Models
- Advocacy
- Outcome Surveys



OUTCOMES SURVEYS

- •LEFS
- •UEFS
- DASH
- Modified Dash
- Oswestry

THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI)

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your upper limb problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with:

(Circle one number on each line)

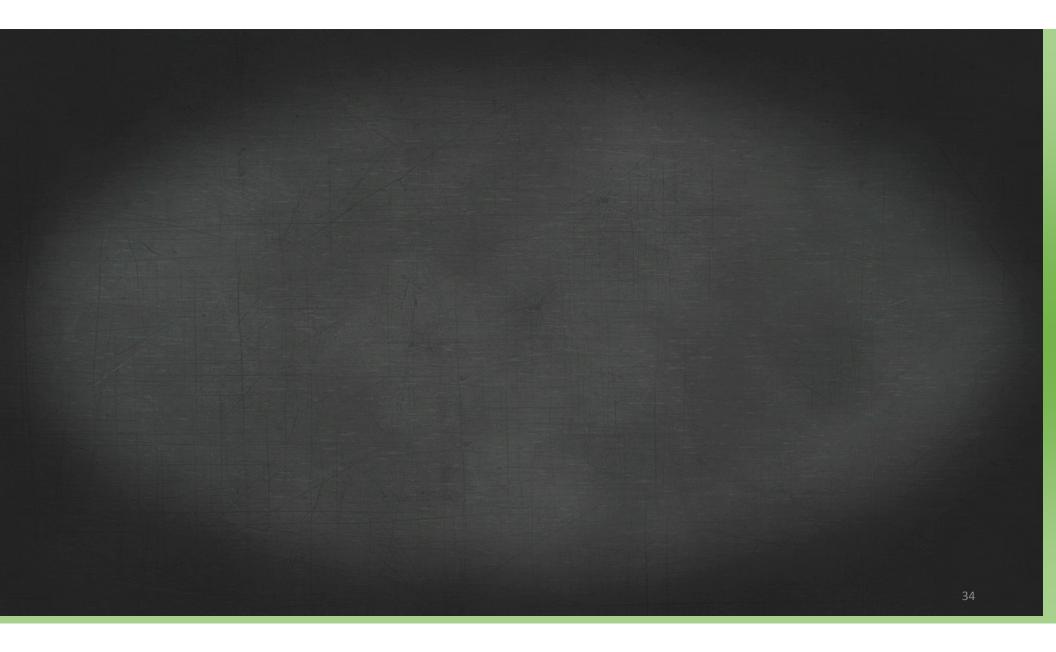
			(Circle one manoer on each time)			
		Extreme Difficulty	O is Bis 6	N. 1	A Tital Dia	N
		or Unable to	Quite a Bit of	Moderate	A Little Bit	No
	Activities	Perform Activity	Difficulty	Difficulty	of Difficulty	Difficulty
1	Any of your usual work, housework, or school activities	0	1	2	3	4
2	Your usual hobbies, re creational or sporting activities	0	1	2	3	4
3	Lifting a bag of groceries to waist level	0	1	2	3	4
4	Lifting a bag of groceries above your head	0	1	2	3	4
5	Grooming your hair	0	1	2	3	4
6	Pushing up on your hands (eg from bathtub or chair)	0	1	2	3	4
7	Preparing food (eg peeling, cutting)	0	1	2	3	4
8	Driving	0	1	2	3	4
9	Vacuuming, sweeping or raking	0	1	2	3	4
10	Dressing	0	1	2	3	4
11	Doing up buttons	0	1	2	3	4
12	Using tools or appliances	0	1	2	3	4
13	Opening doors	0	1	2	3	4
14	Cleaning	0	1	2	3	4
15	Tying or lacing shoes	0	1	2	3	4
16	Sleeping	0	1	2	3	4
17	Laundering clothes (eg washing, ironing, folding)	0	1	2	3	4
18	Opening a jar	0	1	2	3	4
19	Throwing a ball	0	1	2	3	4
20	Carrying a small suitcase with your affected limb	0	1	2	3	4
	Column Totals:					

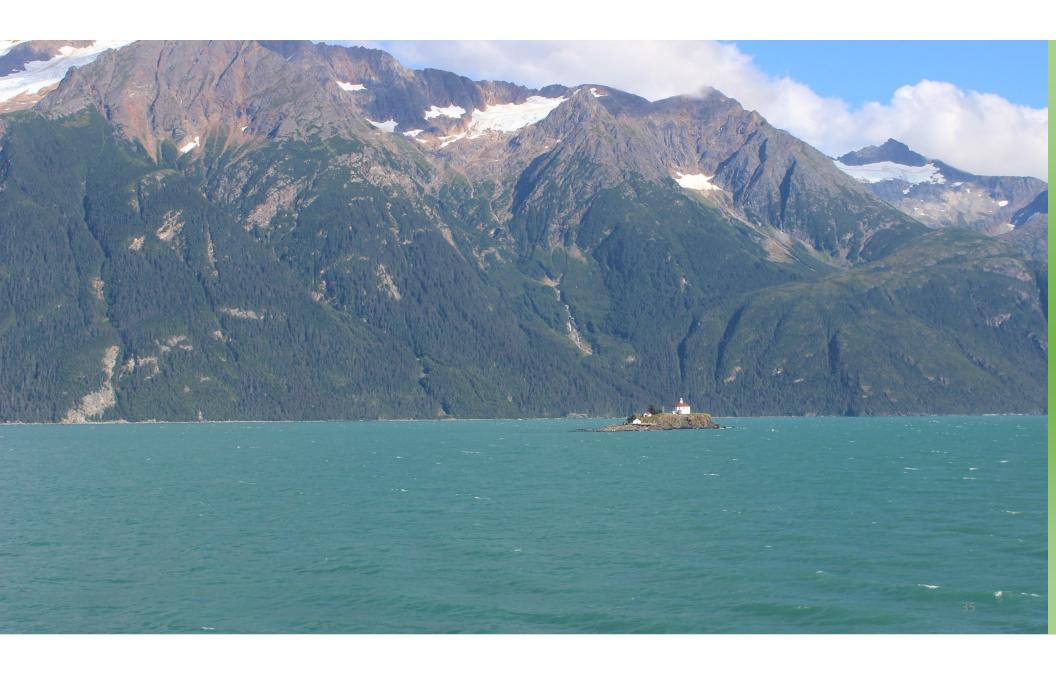
Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: /80

Source: Stratford PW, Binkley, JM, Stratford DM (2001): Development and initial validation of the upper extremity functional index. Physiotherapy Canada. 53(4):259-267.

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How do we Make _____ Happen?



- Higher salaries
- Improved job conditions-staffing, hours, budget, etc.
- 100% saturation in high school, middle school, club sports
- ATs report to HCPs, not coaches
- ATs are <u>THE</u> voice for college athletes' healthcare
- Improved credibility
- Insurance payer recognition



Expertise

- Prevention
- Concussion Management
- Return to Play
- Emergency Care
- Rehabilitation





Continuum of Care

- Injury Prevention
- On site evaluation
- Referral source
- Referre 'P
- who sees their patients throughout the entire continuum of care

Per AMA President

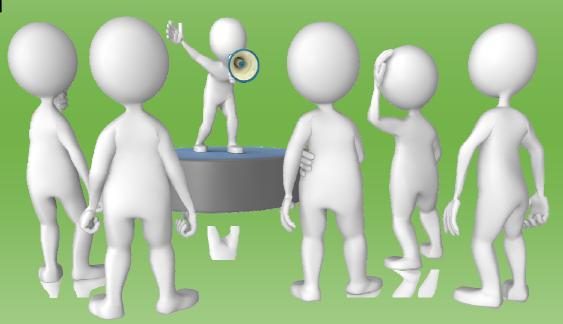
Mid-level provider short

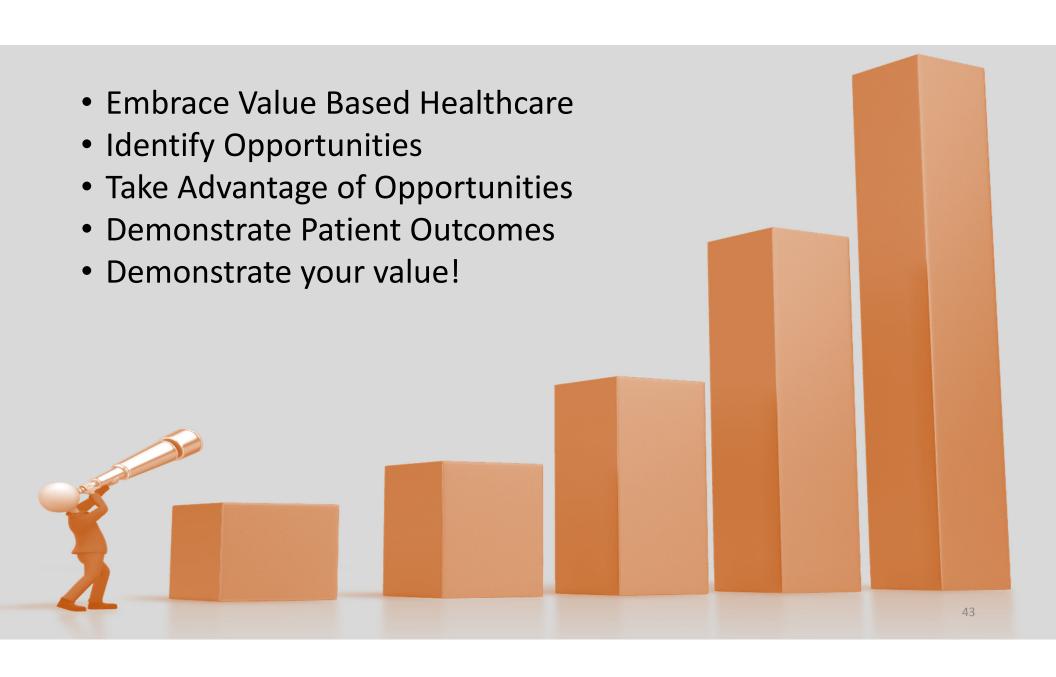
•By 2025, shortage NTY
OPPORTUNITY

_06,000

- Strategic Alliance
- NATA PAC
- Calls to Action
- NATA Athletic Training Month
- Capitol Hill Day
- Safe Sports Schools
- NFL AT Initiative
- At Your Own Risk
- Legislative Grants
- Regulatory
- Atlas Project
- Youth Sports Safety Alliance/Summit

Advocacy





Healthcare Reform Workgroup



- Athletic Trainers
- Physicians
- •Insurance Representatives
- Regulatory Agencies



https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/index.html

5 Key Functions of Medical Home

- Comprehensive Care
- Patient Center
 Coordin
 A OPP Crvices
 Query & Safety

Rural Based Healthcar

Primary Care
Providers
Throughout OR
Con OPP
Lare



How do we bridge the gap?

Secondary Schools

- Foundation of Adv
 70% of Sec Copy access
 37% opposite the second s .. Schools

College/University

- Voice of athlete health
- •Small college/uring similar resconded:
 •Median of the state of the st

- Four action of Advocacy continued

How Can You Make _____ Happer?

- NPI
- Functional outcome sur
- Appropriate document
- Healthcare
- Profe
 O
 Cire & behavior
- Evider Practice
- Inter-pioressional Education
- International

And.....

- •Medical Model (College School)
- •AT in EVEP , club, rec. sports
- •Le Call to Action
- Hearing Reform Workgroup



Resources

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